

Appendix D

STATE AGENCY CHILD NUTRITION DIRECTOR SURVEY 2011

ID Number: XXX-XXXX-XXXXX

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**SPECIAL NUTRITION PROGRAM OPERATIONS STUDY
(SNPOS)**

**STATE AGENCY CHILD NUTRITION DIRECTOR
SURVEY 2011**

REVISED DRAFT

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

This survey is being conducted for the Food and Nutrition Service, U.S. Department of Agriculture as part of a study of the National School Lunch Program (NSLP) and School Breakfast Program (SBP) as well as other USDA food programs throughout the country. **All responses will be treated in strict confidence; no names will be used in our reports, and only aggregated results will be reported.** Participation is completely voluntary. Choosing not to participate will not affect your employment or your state's participation in school meal programs.

Public reporting burden for this collection of information is estimated to average 1.75 hours per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.**

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, Room 1014, Alexandria, VA 22302. Attn: Mr. John Endahl.

We thank you for your cooperation and participation in this very important study.

INSTRUCTIONS

- Please answer all questions.
- Unless you see the words CIRCLE ALL THAT APPLY after a question, please circle only one answer for each question.
- If you have any questions about the study or about completing this survey, please contact the Westat survey helpline at 1-888-202-1565 or by email: SNPOS@westat.com

Date: _____

Contact information for the Child Nutrition Director

Name: _____

Address: _____

City: _____

State: _____ ZIP Code _____

Telephone: (_____) _____ EXTENSION _____

Email: _____

Name and address of person filling out this survey if other than the Child Nutrition Director

Name: _____

Address: _____

City: _____

State: _____ ZIP Code _____

Telephone: (_____) _____ EXTENSION _____

Email: _____

SECTION A. POLICY

A1. Are your state nutrition standards stricter than the federal requirements for foods and beverages offered in school meals?

- Yes..... 1
- No..... 2 (SKIP TO A2)

A1a. In which of the following areas are your state nutrition standards stricter than the federal requirements?

| | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| Dietary fat..... | 1 | |
| ..... | 2 | |
| Calories from total sugars..... | 1 | |
| ..... | 2 | |
| Maximum calories for snack and a la carte items..... | 1 | |
| ..... | 2 | |
| Sodium content for snack items..... | 1 | |
| ..... | 2 | |
| Other..... | 1 | |
| ..... | 2 | |
| (SPECIFY)_____ | | |

A2. Does your state have nutrition standards for foods and beverages from the following sources?

| | <u>YES</u> | <u>NO</u> |
|-----------------------|------------|-----------|
| School stores..... | 1 | |
| ..... | 2 | |
| A la carte items..... | 1 | |
| ..... | 2 | |
| Bake sales..... | 1 | |
| ..... | 2 | |
| Snack bars..... | 1 | |
| ..... | 2 | |
| Vending machines..... | 1 | |
| ..... | 2 | |

Instruction Box

If you answered "NO" to **all** of the items in question A2, then skip to A3; otherwise continue with question A2a.

A2a. Since adopting these nutrition standards, which of the following best describes the impact of these standards on participation in the school meals program?

| | |
|----------------|---|
| Increased..... | 1 |
| Decreased..... | 2 |
| No impact..... | 3 |

A2b. Please describe any impact of the nutrition standards on nutritional profiles under the School Meal Initiative.

A3. Does your state currently have a policy or standard practice with regard to providing school breakfasts or lunches to children who are without funds for breakfast or lunch?

| | <u>Breakfast</u> | <u>Lunch</u> |
|---|------------------|--------------|
| Yes, have policy..... | 1 | |
| ..... | 1 | |
| No policy but have standard practice..... | 2 | |
| ..... | 2 | |
| No policy or standard practice..... | 3 | |
| ..... | 3 | |

Instruction Box

If you answered "No policy or standard practice" for BOTH breakfast and lunch then skip to B1, otherwise continue with question A4.

A4. What is the state policy for providing a meal to a child who is not receiving free meals and cannot pay for a meal?

| | |
|---|---|
| State requires SFA to provide the full reimbursable meal being served that day..... | 1 |
| State requires SFA to provide an alternative meal | 2 |
| State recommends SFA provide the full reimbursable meal being served that day..... | 3 |
| State recommends SFA provide alternative meal..... | 4 |
| State leaves it up to SFA to determine..... | 5 |
| Other..... | 6 |
| (SPECIFY) _____ | |

SECTION B. RESOURCES AND FINANCES

B1. Does your state provide a subsidy for breakfasts or lunches to SFAs? If yes, how is the subsidy provided, and what was the total amount of subsidies given to all SFAs in your state during 2009-10?

| | B1a. Did state provide a subsidy? Y e s N o | B1b. IF YES, how was the subsidy provided? 1=Per-meal reimbursement 2=Annual lump sum 3=Supplemental to cover specific costs 4=Based on percentage of low income students 5=Other (SPECIFY ON LINE BELOW) | B1c. What was the total amount of these subsidies given to all SFAs during 2009-10? |
|----------------|---|---|--|
| Meal | | | |
| Breakfast..... | 1 2 | 1 2 3 4 5 _____ | \$ _____ |
| Lunch..... | 1 2 | 1 2 3 4 5 _____ | \$ _____ |

B2. Does your state provide financial or personnel support for any of the following school food services operations?

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| Reimbursable meal preparation (including food purchase and labor)..... | 1 | |
| ..... | 2 | |
| Non-reimbursable meal preparation..... | 1 | |
| ..... | 2 | |
| Equipment..... | 1 | |
| ..... | 2 | |
| Preparing claims..... | 1 | |
| ..... | 2 | |
| Storage..... | 1 | |
| ..... | 2 | |
| Contracted services | 1 | |
| ..... | 2 | |
| Overhead/indirect costs | 1 | |
| ..... | 2 | |
| Other | 1 | |
| ..... | 2 | |
| (SPECIFY)_____ | | |

B3. Have any of the following areas been impacted by state budget issues?

| | <u>YES</u> | <u>NO</u> |
|-------------------------------------|------------|-----------|
| Hiring/retraining staff..... | 1 | |
| ..... |  | 2 |
| Meal prices..... | 1 | |
| ..... |  | 2 |
| Purchasing/upgrading equipment..... | 1 | |
| ..... |  | 2 |
| Food purchases..... | 1 | |
| ..... |  | 2 |
| Procuring contracted services..... | 1 | |
| ..... |  | 2 |
| Other..... | 1 | |
| ..... |  | 2 |
| (SPECIFY) _____ | | |

B4. How many full-time equivalent (FTE) state agency staff are responsible for conducting monitoring of school meal operations?

_____ NUMBER OF FTE STATE STAFF

B5. How adequate is this staffing for monitoring program operations?

| | |
|------------------------|---|
| Adequate..... | 1 |
| Somewhat adequate..... | 2 |
| Not adequate..... | 3 |

B6. Are you currently operating under a state mandated hiring freeze for Child Nutrition/School Program staff?

| | |
|----------|----------------|
| Yes..... | 1 |
| No..... | 2 (SKIP TO B7) |

B6a. Approximately how long has the hiring freeze been in effect?

| | |
|--------------------------|---|
| Less than one year..... | 1 |
| One year..... | 2 |
| Two years..... | 3 |
| Three or more years..... | 4 |

B7. Is your state currently using contracted staff for any of the following functions?

| | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|---------------------------|------------|-----------|-----------------------|
| Monitoring..... | 1 | | |
|2 | 8 | | |
| Technical assistance..... | 1 | | |
|2 | 8 | | |
| Claims processing..... | 1 | | |
|2 | 8 | | |
| Nutrition education..... | 1 | | |
|2 | 8 | | |
| Other | 1 | | |
|2 | 8 | | |
| (SPECIFY)_____ | | | |

B8. Is your state warehouse for USDA Foods state owned, or is warehouse space contracted?

| | |
|----------------------|---|
| All state owned..... | 1 |
| All contracted..... | 2 |
| Some of both..... | 3 |

B9. How is the warehouse funded?

- Funded in State budget..... 1
- School districts are charged a fee..... 2
- Other..... 3
- (SPECIFY)_____

B10. Does your state agency currently charge school districts for the delivery of USDA food?

- Yes..... 1
- No 2 (SKIP TO B11)

B10a. For each of the following categories of charges indicate whether your state agency charged SFAs on a per case basis for the delivery of USDA food during 2009-10?

- | | <u>Yes</u> | |
|--------------------------|------------|---|
| | <u>No</u> | |
| Administrative fees..... | 1 | 2 |
| Storage fees..... | 1 | 2 |
| Delivery fees..... | 1 | 2 |
| Warehouse fees..... | 1 | 2 |
| Other fees..... | 1 | 2 |
| (SPECIFY)_____ | | |

B11. What effect has the increased processing of USDA food had on warehouse fees charged to SFAs over the last 3 years?

- Increased storage fees.....1
- Decreased storage fees.....2
- No change in storage fees.....3

B12. For how many SFAs does your state purchase food products for the school food programs?

- All SFAs.....1
- Most SFAs.....2
- Some SFAs.....3
- None.....4

SECTION C. ADMINISTRATIVE

C1. Have the SFAs in your state ever used direct verification?

- Yes..... 1
- No 2 (SKIP TO C10)

C2. Do any SFAs in your state currently use direct verification?

- Yes..... 1 (SKIP TO C4)
- No 2

C3. Which of the following reasons describe why you are not currently using direct verification?

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| Satisfied with household verification..... | 1 | |
|2 | | |
| Number of eligible students is too small to make it worthwhile..... | 1 | |
|2 | | |
| Lack of staff at state or district level to perform direct verification..... | 1 | |
|2 | | |
| Lack of computer equipment..... | 1 | |
|2 | | |
| No training available for staff..... | 1 | |
|2 | | |
| Agency does not keep records in a manner that is cost-effective to access..... | 1 | |
|2 | | |
| Too difficult to gain cooperation of agency..... | 1 | |
|2 | | |
| Other..... | 1 | |
|2 | | |
| (SPECIFY) _____ | | |

Skip to C10.

C4. How many SFAs in your state currently use direct verification?

_____ Don't know

NUMBER OF SFAs

C5. When conducting direct verification, from which of the following programs is information collected?

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| Supplemental Nutrition Assistance Program (SNAP)..... | 1 | |
| ..... |  | 2 |
| Temporary Assistance for Needy Families (TANF)..... | 1 | |
| ..... |  | 2 |
| Food Distribution Program on Indian Reservations (FDPIR)..... | 1 | |
| ..... |  | 2 |
| Medicaid..... | 1 | |
| ..... |  | 2 |
| State Children's Health Insurance Program (SCHIP)..... | 1 | |
| ..... |  | 2 |
| State unemployment office..... | 1 | |
| ..... |  | 2 |
| Other..... | 1 | |
| ..... |  | 2 |
| (SPECIFY) _____ | | |

C6. Are program records matched to the student records by the state or by the district?

| | |
|---|---|
| State matches..... | 1 |
| District matches..... | 2 |
| Third party (e.g., TANF, SNAP, or other program office) matches..... | 3 |

C7. How frequently does direct verification occur?

| | |
|------------------------------------|---|
| Once each school year..... | 1 |
| Once each semester or quarter..... | 2 |
| On a monthly basis..... | 3 |
| Other..... | 4 |
| (SPECIFY) _____ | |

C8. Do the SFAs in your state have access to a web-based lookup system to search the records of individual students, including those who may be deemed ineligible through computerized matching?

| | |
|----------|---|
| Yes..... | 1 |
| No | 2 |

C9. Have you encountered any of the following while implementing direct verification?

Yes No

| | |
|--|---|
| Difficulties matching student records..... | 1 |
| ..... | 2 |
| Students known to be eligible were determined ineligible..... | 1 |
| ..... | 2 |
| Staff did not have time for direct verification..... | 1 |
| ..... | 2 |
| Had to upgrade computer systems..... | 1 |
| ..... | 2 |
| Difficulty gaining cooperation of program providing data | 1 |
| ..... | 2 |
| Other..... | 1 |
| ..... | 2 |
| (SPECIFY) _____ | |

C10. Does your state anticipate conducting Direct Verification during the...

| | <u>Yes</u> | <u>No</u> |
|--------------------------------------|------------|-----------|
| Next school year (2011-12),..... | 1 | |
| ..... | 2 | |
| 2012-2013 school year, or..... | 1 | |
| ..... | 2 | |
| 2013-2014 school year or later?..... | 1 | |
| ..... | 2 | |

The next few questions are about charter schools in your state.

C11. Does your state have any charter schools?

| | |
|----------|-----------------------|
| Yes..... | 1 |
| No | 2 (SKIP TO SECTION D) |

C11a. How many charter schools are currently operating in your state?

NUMBER OF CHARTER SCHOOLS

C11b. How many of these charter schools are participating in the NSLP and SBP programs?

| | <u>NSLP</u> | <u>SBP</u> |
|---|-------------|------------|
| NUMBER OF CHARTER SCHOOLS PARTICIPATING | | |
| IN..... | _____ | _____ |
| | _____ | _____ |

C11c. For purposes of school food operations, how many of these charter schools are considered to be separate SFAs or part of a larger SFA?

Separat
e SFA
Part of
larger
SFA

NUMBER OF CHARTER SCHOOLS..... _____

SECTION D. OPERATIONAL

D1. How many SFAs have schools that are operating under the option of Provision 2 or Provision 3?

Provision 2 Provision 3

NUMBER OF SFAs WITH SCHOOLS OPERATING UNDER..... _____
 _____

D2. How many schools in the state are operating under the option of Provision 2 or Provision 3?

Provision 2 Provision 3

NUMBER OF SCHOOLS OPERATING UNDER..... _____
 _____

D3. In your state, how many SFAs and schools are using Food Service Management Companies (FSMC)? Indicate how many are using the national companies listed.

SFAs Schools

| | | |
|--|-------|--|
| Number using national companies..... | _____ | |
| | _____ | |
| Aramark..... | _____ | |
| | _____ | |
| Chartwells..... | _____ | |
| | _____ | |
| Preferred Meal Systems..... | _____ | |
| | _____ | |
| Sodexo..... | _____ | |
| | _____ | |
| Number using regional companies (i.e., within multi-state area)..... | _____ | |
| | _____ | |
| Number using local companies..... | _____ | |
| | _____ | |
| Total number using Food Service Management Companies..... | _____ | |
| | _____ | |

D4. Does your state agency require the use of a state-developed prototype contract for food service management?

Yes..... 1
 No 2

D4a. Does the state have any oversight of the provisions in the contract?

Yes..... 1
 No 2

D5. Does the State review SFA FSMC contracts in advance of execution to ensure proper inclusion of the following?

| | <u>Yes</u> | <u>No</u> |
|------------------------|------------|-----------|
| Return of rebates..... | 1 | |
| ..... | 2 | |
| Discounts..... | 1 | |
| ..... | 2 | |
| Credits..... | 1 | |
| ..... | 2 | |

D6. Is there a state policy governing food recalls?

YES..... 1
 NO..... 2
 DON'T KNOW..... 8

D7. Who at the school or district level is notified by the State Agency about holds or food recalls?

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| Food Services Directors at the school/district level..... | 1 | |
| ..... | 2 | |
| Food Safety Coordinator at the school/district level..... | 1 | |
| ..... | 2 | |
| Warehouses..... | 1 | |
| ..... | 2 | |
| Distributors..... | 1 | |
| ..... | 2 | |
| Further Processors..... | 1 | |
| ..... | 2 | |
| Someone else..... | 1 | |
| ..... | 2 | |
| (SPECIFY)_____ | | |

D8. How are schools and districts alerted about holds or food recalls?

| | <u>Yes</u> | <u>No</u> |
|-------------------------|------------|-----------|
| Email notification..... | 1 | |
| ..... | 2 | |
| Phone calls..... | 1 | |
| ..... | 2 | |
| Fax..... | 1 | |
| ..... | 2 | |
| Regular mail..... | 1 | |
| ..... | 2 | |
| Some other way..... | 1 | |
| ..... | 2 | |
| (SPECIFY)_____ | | |

D9 What information is provided to the schools and districts about holds or food recalls?

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| Product name and information..... | 1 | |
| ..... | 2 | |
| Press release regarding the hold or recall..... | 1 | |
| ..... | 2 | |
| Contact information for questions..... | 1 | |
| ..... | 2 | |
| Product disposition/disposal instructions..... | 1 | |
| ..... | 2 | |
| USDA food hold/recall notice..... | 1 | |
| ..... | 2 | |
| Other..... | 1 | |
| ..... | 2 | |
| (SPECIFY)_____ | | |

D10. What procedures or guidelines are schools and districts expected to follow when there is a USDA food recall?

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| State established procedures or guidelines..... | 1 | |
| ..... | 2 | |
| School district established procedures or guidelines..... | 1 | |
| ..... | 2 | |
| Other..... | 1 | |
| ..... | 2 | |
| (SPECIFY)_____ | | |

D11. How quickly do you expect schools and districts to respond to a USDA food recall?

| | |
|--|---|
| On the day the notice is received (within 24 hours)..... | 1 |
| Within two days (24 to 48 hours)..... | 2 |
| Within one week..... | 3 |
| Other | 4 |
| (SPECIFY)_____ | |

D12. What information do you expect the schools and districts to report back to the state when there is a USDA food recall?

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| Location and quantity of the product in storage..... | 1 | |
| ..... | 2 | |
| Amount of the product already consumed..... | 1 | |
| ..... | 2 | |
| Reimbursable costs..... | 1 | |
| ..... | 2 | |

Actions taken..... 1
..... 2
Other..... 1
..... 2
(SPECIFY)_____

D13. How does your state agency communicate with local SFAs for each of the following?

| | <u>Regular Mail</u> | <u>Email</u> | <u>Web posting</u> | <u>Automated phone or FAX</u> | <u>Other (SPECIFY)</u> |
|------------------------|---------------------|--------------|--------------------|-------------------------------|------------------------|
| Policy memos..... | 1 | 2 | 3 | 4 | 5 _____ |
| Announcements..... | 1 | 2 | 3 | 4 | 5 _____ |
| Commodity recalls..... | 1 | 2 | 3 | 4 | 5 _____ |
| Other..... | 1 | 2 | 3 | 4 | 5 _____ |
| (SPECIFY)_____ | | | | | |

SECTION E. TRAINING AND TECHNICAL ASSISTANCE

E1. For which of the following specific topic areas, does your state agency provide training and technical assistance? How frequently is training provided?

| Training topic areas | Does your state provide? | | IF YES, how frequently? | | | | | |
|---|--------------------------|----|-------------------------|---|---|---|---|---|
| | Yes | No | 1 | 2 | 3 | 4 | 5 | 6 |
| a. Food Safety Plans based on HACCP Principles..... | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 |
| b. Other food sanitation and safety..... | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 |
| c. Food purchasing..... | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 |
| d. Menu planning..... | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 |
| e. Food preparation..... | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 |
| f. Contracting procedures | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 |
| g. Recordkeeping | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 |
| h. Merchandising | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 |
| i. Program regulations and procedures | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 |
| j. Use of commodities..... | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 |
| k. Other | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 |

| | | |
|----------------|--|--|
| (SPECIFY)_____ | | |
|----------------|--|--|

E2. How does your state agency provide technical assistance?

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| Through written materials (e.g., manuals)..... | 1 | |
| ..... | 2 | |
| Through workshops or courses..... | 1 | |
| ..... | 2 | |
| During discussions during program reviews..... | 1 | |
| ..... | 2 | |
| Through on-line training materials..... | 1 | |
| ..... | 2 | |
| Through webinars..... | 1 | |
| ..... | 2 | |
| Other..... | 1 | |
| ..... | 2 | |
| (SPECIFY)_____ | | |

E3. Have the topic areas available for training changed over the last three years?

- More topic areas..... 1
- Fewer topic areas..... 2
- Replaced some with newer topic areas..... 3
- No changes in topic areas..... 4

E4. Has the number of training sessions available decreased?

- YES..... 1
- NO..... 2 (GO TO E5)

E4a. Why has the number of training sessions available through your state agency decreased over the last three years?

- Budgetary constraints..... 1
- Decreased funds for training..... 2
- Staffing cuts..... 3
- Insufficient number of trained staff..... 4
- Change in state policy or federal policy..... 5
- Result of program audit..... 6
- Other 7
- (SPECIFY)_____

E5. Were any new training topics offered this year?

- YES..... 1
- NO..... 2 (GO TO E6)

E5a. What new training topics did your state agency offer this year that was not provided previously?

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| Food Safety Plans based on HACCP Principles..... | 1 | |
| ..... |  | 2 |
| Other food sanitation and safety..... | 1 | |
| ..... |  | 2 |
| Food purchasing..... | 1 | |
| ..... |  | 2 |
| Menu planning..... | 1 | |
| ..... |  | 2 |
| Food preparation..... | 1 | |
| ..... |  | 2 |
| Contracting procedures..... | 1 | |
| ..... |  | 2 |
| Recordkeeping..... | 1 | |
| ..... |  | 2 |
| Merchandising..... | 1 | |
| ..... |  | 2 |
| Program regulations and procedures..... | 1 | |
| ..... |  | 2 |
| Use of commodities..... | 1 | |
| ..... |  | 2 |
| Other | 1 | |
| ..... |  | 2 |
| (SPECIFY)_____ | | |

E6. Were any training topics eliminated this year?

| | | |
|----------|---|------------|
| YES..... | 1 | |
| NO..... | 2 | (GO TO E7) |

E6a. What training topics did your state agency eliminate this year that was offered in previous years?

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| Food Safety Plans based on HACCP Principles..... | 1 | |
| ..... |  | 2 |
| Other food sanitation and safety..... | 1 | |
| ..... |  | 2 |
| Food purchasing..... | 1 | |
| ..... |  | 2 |
| Menu planning..... | 1 | |
| ..... |  | 2 |
| Food preparation..... | 1 | |
| ..... |  | 2 |

| | |
|---|---|
| Contracting procedures..... | 1 |
| ..... | 2 |
| Recordkeeping..... | 1 |
| ..... | 2 |
| Merchandising..... | 1 |
| ..... | 2 |
| Program regulations and procedures..... | 1 |
| ..... | 2 |
| Use of commodities..... | 1 |
| ..... | 2 |
| Other | 1 |
| ..... | 2 |
| (SPECIFY)_____ | |

E7. Who within the state agency is responsible for providing training and technical assistance to SFA personnel?

| | |
|-------------------------------------|---|
| State Child Nutrition Director..... | 1 |
| Child Nutrition Office staff..... | 2 |
| Other..... | 3 |
| (SPECIFY)_____ | |

SECTION F. CN Director Background

F1. How long have you been the Child Nutrition Director?

YEARS

MONTHS

F2. Prior to your position as the Child Nutrition Director, how much experience did you have in food service?

YEARS

MONTHS

F3. What is the minimum education requirement for the state Child Nutrition Director?

- High school..... 1
- Some college, no degree 2
- Associates degree..... 3
- Bachelor’s degree 4
- Graduate degree 5

F4. What is the highest grade or year of schooling you completed?

- Less than high school 1
- High school..... 2
- Some college, no degree 3
- Associate degree..... 4
- Bachelor’s degree 5
- Graduate degree 6

F5. What was your major in college? (Circle all that apply)

- Business..... 1
 - Education..... 2
 - Food Service Administration/Management..... 3
 - Home Economics/Family and Consumer Services..... 4
 - Nutrition/Dietetics..... 5
 - Other..... 6
- (SPECIFY) _____

**Thank You for your participation
in this very important survey.**